

**Robert C. Byrd Honors Scholarship
Waiver/Deferment Request**

34 C.F.R. §654.52 (a)(3), (b)(3)

Please read the entire form and **print legibly or type** the top section. Be sure to sign the form before returning it to the Utah State Office of Education.

Student Name: _____

Student Address: _____

Student Phone: _____ (Street) (City) (State) (Zip)
(Area Code) + number Email: _____

Please check your current class level: ☐ freshmen ☐ sophomore ☐ junior ☐ senior

Current College/University: _____
(Name of institution)

(Address of institution)

Reason for Waiver Request *:

***Note:** You must attach documentation

I understand that if granted this deferment I must return to my institution of higher education in the semester immediately following the approved deferment period. I understand that I must inform the Utah State Office of Education in writing of any change in circumstances relative to the deferment or risk losing my deferment.

Signature _____ Date _____

TO BE COMPLETED BY the Utah State Office of Education

Award Year _____ Begin Leave Date _____ End Leave Date _____

☐ Approved ☐ Denied

Please be advised that non-enrollment at an institution of higher education by _____(date), could result in the forfeiture of your Robert C. Byrd Honors Scholarship. {34 C.F.R. §654.51 (b)}

Please return completed form to:
Utah State Office of Education
250 East 500 South
PO Box 144200
Salt Lake City, Utah 84114-4200
Attn: Robert C. Byrd Honors Scholarship